

AHCPR

Agency for Health Care Policy & Research

Allied Health Perspectives on Guideline Development

Introduction

The Agency for Health Care Policy and Research (AHCPR) was established in 1989 by P.L. 101-239 to enhance the quality and appropriateness of health care services and access to such services. AHCPR is the eighth agency of the Public Health Service and succeeds the National Center for Health Services Research and Health Care Technology Assessment (NCHSR).

Through its Office of the Forum for Quality and Effectiveness in Health Care (the Forum), AHCPR is responsible for facilitating the development, review, and updating of clinically relevant guidelines for the practice of health care. Practice guidelines are systematically developed statements designed to help practitioners and patients choose appropriate health care in specific clinical circumstances. These voluntary guidelines will assist health care practitioners and educators in the prevention, diagnosis, treatment, and management of clinical conditions. Guidelines may enable scientific evidence and professional judgment to inform the health care provider of preferred treatment, clarify health care choices and their consequences for the patient, and link quality assurance and cost effectiveness to health care management. Guidelines must also be amenable to adaptation for use by educators and consumers.

Practice guidelines are a component of AHCPR's Medical Treatment Effectiveness Program (MEDTEP), which also includes data base development, effec-

tiveness and outcomes research, and dissemination of research findings and guidelines. In addition to guidelines, the Forum is responsible for developing performance measures, standards of quality, and review criteria by which health care providers and others may evaluate the provision of health care and ensure its quality. Guidelines for at least three clinical treatments or conditions must be developed by January 1, 1991.

In support of these efforts, AHCPR convened an allied health workshop July 10-11, 1990, to examine the role of allied health professions in MEDTEP activities, with emphasis on guideline development. Three multidisciplinary subgroups were established to facilitate discussion and consensus. Plenary sessions provided opportunities to share viewpoints and refine issues.

The workshop was chaired by Thomas Freeland, Ph.D., Dean, School of Health-Related Professions, University of Mississippi Medical Center. Four consultants assisted in planning and facilitating workshop activities: Mary Lee Seibert, Ed.D., Dean, College of Allied Health Professions, Temple University; David Broski, Ph.D., Dean, College of Associated Health Professions, University of Illinois at Chicago; Edmund McTernan, Ed.D., Dean, School of Allied Health Professions, State University of New York at Stony Brook; and David Yoder, Ph.D., Chair, Department of Medical Allied Health Professions, University of North Carolina.

Representatives were invited from the allied health disciplines included in the "1988 Study of the Role of Allied

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Health Personnel in Health Care Delivery," which was conducted by the Institute of Medicine. Those 10 professions were clinical laboratory science, dental hygiene, dietetics, emergency medical services (prehospital care), medical record administration, occupational therapy, physical therapy, radiologic technology, respiratory therapy (respiratory care), and speech-language pathology and audiology. In addition, representatives of surgical technology, electroneurodiagnostic technology, and ophthalmic medical technology were invited because their activities are particularly pertinent to discussion of the clinical guidelines under development. Representatives from psychology and medical social work were also invited.

In general, workshop participants were nominated by their respective national organizations. Nominees were identified as leaders in their disciplines with recognized expertise as clinicians, researchers, educators, and administrators who could represent the organizations. Forty-eight individuals participated, representing 14 of about 85 diverse professions commonly identified as allied health professions. This publication is intended to inform the allied health community of the recommendations of the workshop and of the clinical guideline development process.

The Public Health Service Act, title VII, section 701, defines an allied health professional as one who:

1. Shares responsibility for delivery of health services or related services, including those relating to identification, evaluation, and prevention of disease and disorders; dietary and nutrition

services; health promotion services; rehabilitation services; or health systems management services; and

2. Has a certificate, an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or postbaccalaureate training in a science related to health care; but
3. Does not have a degree of a doctor of medicine, osteopathy, dentistry, or veterinary medicine or a doctor of optometry, podiatry, or chiropractic; a degree of bachelor of science or doctor of pharmacy; a graduate degree in public health or health administration; a doctoral degree in clinical psychology; a degree in social work; or a degree equivalent to these.

The Workshop

Participants discussed issues and developed recommendations on the involvement or role of allied health professionals in guideline development. Workshop participants endorsed the guideline topics selected by AHCPR that are now under review by panels of experts and consumers. These topics are:

- Prediction, prevention, and early treatment of pressure sores in adults.
- Pain management.
- Diagnosis and treatment of depressed outpatients in primary care settings.
- Urinary incontinence in adults.
- Visual impairment due to cataracts in the aging eye.

- Delivery of comprehensive care in sickle cell disease.
- Diagnosis and treatment of benign prostatic hyperplasia.

The participants also identified and established priorities for conditions for future practice guideline development and MEDTEP research. AHCPR will consider these suggestions fully in program planning.

Participants strongly recommended significant involvement of expert allied health clinicians and researchers in the development of current and future guidelines where appropriate to the clinical condition. Even though all of the professions were not represented, workshop participants developed recommendations as perceived appropriate for allied health interests.

Although clinical consensus may be a valid foundation for the development of clinical guidelines, participants agreed it is preferable that guidelines be based on research as much as possible. Thus, a mechanism for capturing expert clinical knowledge and enhancing the research base of the various allied health professions must ensure that clinical guidelines are developed through a multidisciplinary patient-centered, outcome-oriented process.

Guidelines pertinent to delivery of allied health care services are included in standards of practice, protocols (standardized care plans), curricula, and role and responsibility statements of allied health organizations and groups. Many of these guidelines, however, are not fully developed or accessible to all allied health care practitioners or other health practitioners. Development of clinical

guidelines by multidisciplinary groups ensures that all participants have access to appropriate existing information, are knowledgeable about the scope and function of each member of the health care team, and are involved in the guideline development process.

Recommendations for Future Guidelines

Additional conditions for future guideline development were identified by the participants. Patient well-being and enhancement of quality of care were the guiding principles in that process. Specific criteria used to select additional conditions for consideration were:

- Adequacy of scientific evidence on which to develop guidelines.
- Number of individuals affected by the clinical condition.
- Amenability to prevention.
- Expected potential for reducing inappropriate variations in the prevention, diagnosis, management, or outcome of a particular disease or condition.
- Specific needs of the Medicare and Medicaid populations.
- Cost of the condition to all payers, including patients.

Participants identified a number of clinical conditions for future development. Through group consensus, the following conditions were identified as priorities:

- Stroke rehabilitation.
- Chronic obstructive pulmonary disease (COPD).

- Mobility impairment secondary to osteoporosis.
- Diabetes management in the elderly.
- Alzheimer's disease.

Participants recommended that further information on the prevalence, availability of research, and effect of cost on quality of care be collected and analyzed to rank these conditions for consideration for guideline development.

Other Recommendations

Participants concurred on the following recommendations:

- Guideline development should be the responsibility of the health care professions, not the Government. The Federal Government should fund and direct professional organizations and multidisciplinary groups to encourage research, compile current relevant data, and assist in disseminating information. Current legislation requires this approach.
- The allied health community needs to pursue vigorously the continuing development and expansion of clinical effectiveness research. Additional private and public resources should be identified to support these efforts. Allied health professions should actively pursue opportunities to contribute to the Agency's research agenda.
- A task force of allied health experts should be identified by the allied health professions to provide continuing counsel to AHCPR's Forum.
- Current and future panels responsible for developing guidelines should ensure the availability of expertise in the management of medical information to provide consistency and accuracy of data sources and the extrapolation or generation of additional data.
- Professional organizations and other appropriate entities should be encouraged to recommend additional nominees of allied health personnel for participation on existing and future panels. The rationale for including a particular allied health profession on the panel should be addressed as well as the nominee's professional qualifications.
- AHCPR's Forum should request each allied health professional organization to identify an individual (or committee) to serve as a liaison with the Forum. Liaisons should ensure appropriate participation and representation of allied health professionals in guideline development and facilitate communication.
- Public and private agencies should be encouraged to support development of a multiuser data base of existing allied health standards of practice.
- A coalition is needed to address public health policy issues and activities from an informed multidisciplinary perspective because of the diversity of allied health professions and their varying degrees of autonomy and scopes of practice. The American Society of Allied Health Professions and other multidisciplinary

nary groups should be encouraged to organize such a coalition.

This workshop was the first step in ensuring the full and continuing involvement of the allied health

professions in the critical work of the Forum. Individuals and organizations with comments and information on specific guideline topics or those needing more information should write to:

Office of the Forum for Quality
and Effectiveness in Health Care
Agency for Health Care Policy
and Research
5600 Fishers Lane, Room 18A-46
Rockville, MD 20857

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Public Health Service
Agency for Health Care Policy and Research
Parklawn Building, Room 18-12
Rockville MD 20857

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